

Atty. Dkt. No. 00CR063/KE

RECEIVED
CENTRAL FAX CENTER

JUL 12 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mitchell, James P.

Title: COMMUNICATION
SYSTEM AND METHOD
FOR A MOBILE
PLATFORM

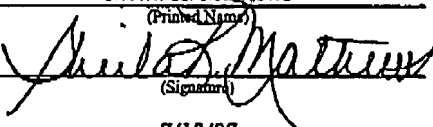
Appl. No.: 09/493,472

Appl. Filing Date: 1/28/2000

Examiner: Lambrecht, Christopher M.

Art Unit: 2623

Confirmation Number: 2281

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Sheila K. Mathews (Printed Name)  (Signature) 7/12/07 (Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

Atty. Dkt. No. 00CR063/KE

**RECEIVED
CENTRAL FAX CENTER****JUL 12 2007**1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

- ☐ Please enter and consider the amendment and/or reply previously filed on ____.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.
- ☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.
- ☐ Other ____.

b. Enclosed are:

- ☒ Amendment/Reply.
- ☒ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ____ listed reference(s).
- ☐ Other .

Miscellaneous:

- ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	30	- 30	= 0	x \$50.00	= \$0.00

Atty. Dkt. No. 00CR063/KE

Independents	4	-	5	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:									
						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL:									
								=	\$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$120.00
EXTENSION FEE ALREADY PAID: -				\$0.00
EXTENSION FEE TOTAL				\$120.00
CLAIMS AND EXTENSION FEE TOTAL:				\$910.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):			\$0.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:				\$910.00

Please charge Deposit Account No. 18-1722 in the amount of \$910.00. A duplicate copy of this transmittal is enclosed.

Atty. Dkt. No. 00CR063/KE

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____

By _____

ROCKWELL COLLINS, INC.
400 Collins Road, NE
Cedar Rapids, IA 52498
Telephone: (319) 295-8280
Facsimile: (319) 295-8777
Customer No. 26383

Kyle Epple
Attorney for Applicant
Registration No. 34,155